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11050 U.S. PTO
09/943595

This is a request for a:

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_____ 2. Transfer the drawings from the prior application to this application and **abandon** said prior application as of the filing date accorded this application. A third copy of this letter is attached for filing in the prior application file.

_____ 3. Priority is claimed under 35 U.S.C. 119/365 based on filing in _____ (country) of:

Application No.	Filing Date	Application No.	Filing Date
(1)		(2)	
(3)		(4)	
(5)		(6)	

- _____ a. _____ (No.) Certified copy/copies attached.
_____ b. Certified copy/copies previously filed on _____ in U.S. Application No. _____, filed on _____.
_____ c. Certified copy/copies filed during International stage of PCT/_____.
_____ d. Priority is also claimed from PCT/_____ filed _____.

X 4. Prior application is assigned to Texas Instruments Incorporated by means of an Assignment recorded on May 29, 2001, at Reel 011864, Frame 0744.

_____ 5. Attached is an Assignment and Cover Sheet. Please return the recorded Assignment to the undersigned. (NOTE: add assignment filing fee below.)

X 6. The power of attorney in the prior application is to at least:

W. James Brady, II, Reg. No. 32,080
Jay M. Cantor, Reg. No. 19,906
Bret Petersen, Reg. No. 37,417
Gerald E. Laws, Reg. No. 39,268
W. Dan Swayze, Reg. No. 34,478

Mark Courtney, Reg. No. 36,491
J. Dennis Moore, Reg. No. 28,885
Ronald O. Neerings, Reg. No. 34, 227
William Kempler, Reg. No. 28,228
Robert D. Marshall, Reg. No. 28,527

The address of whom is in item 8.

_____ 7a. Recognize _____ as having associate power of attorney.
(Name and Reg. No.; Address as in item 8 unless otherwise indicated)

_____ 7b. _____ was recognized as associate power of attorney in the parent application.

_____ 7c. Since a power does not appear in the original papers, a copy of the power in the prior application is attached.

X 8. Address all future communications to:

Robert D. Marshall, Jr.
Texas Instruments Incorporated
P.O. Box 655474, MS 3999
Dallas, Texas 75265

Customer Number 23494

_____ 9. Amend the specification as set forth in the attached Preliminary Amendment.

_____ 10. _____ (No.) Verified Statement(s) establishing "small entity" status under Rules 9 & 27

_____ have been filed in above prior application (and is still be believed to be proper and desired)
 _____ are attached hereto.

- _____ 11. **PETITION to extend the life** of the above prior application to at least the date hereof. (One box must be X'd)
 _____ is being concurrently filed in that prior application.
 _____ was filed in that prior application (Check length of prior extension).
 _____ is not necessary for copendency (**Double check** before X'ing this box).

- _____ 12. **INFORMATION DISCLOSURE STATEMENT:** Attached is Form PTO-1449 listing documents cited by Applicant or the PTO in the parent application(s) relied upon under 35 U.S.C. 120 and referenced above. Per Rule MPEP 609 copies of those documents are not required now. Please fully consider those documents and advise that they have been considered in this new application by returning a copy of the enclosed Form PTO-1449 with the Examiner's initials in the left column per MPEP 609.

- _____ 13. Attached is a Rule 103(a) Petition to Suspend Action.

- _____ 14. **PRELIMINARY AMENDMENT to be entered before fee calculation:**
 (Do not make amendments here except for correction of improper multiple dependencies or cancellation of whole claims or multiple dependencies for purposes of reducing the filing fee per MPEP §§ 506 and 607; do not cancel all claims).

Prior to a first Office Action, Kindly amend the Application as follows:

_____ Please cancel Claims _____.
 _____ Please retain Claims _____.

15. The following Filing Fee calculation is based on the claims filed less any claims canceled by the Preliminary Amendment of Item 14. NOTE: If box 1A2 is X'd, do not pay any fees at this time.

FEE CALCULATION							FEE
BASIC FEE	NUMBER FILED	Design Appln. Utility Appln.	NUMBER EXTRA	SMALL ENTITY RATE \$160 \$355	OR	LARGE ENTITY RATE \$320 = \$710 =	
Total Claims	<u>29</u>	-20 =	<u>9</u> (at least 0)	X 9	<u>OR</u>	X 18	\$ <u>162.00</u>
Independent Claims	<u>3</u>	- 3 =	_____ (at least 0)	X 40	<u>OR</u>	X 80	\$ <u>0.00</u>
If any <u>proper</u> multiple dependent claim (ignore improper) is present							
If assignment is "x'd" (Item 5) add recording fee (\$40.00)							\$ _____
If "petition" Item 11 above is "X'd" add petition fee (\$130.00)							\$ _____
Total Filing Fee							\$ 872.00

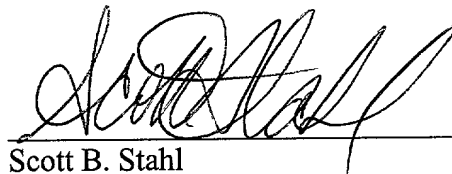
- X 16. ATTACHED: (other) acknowledgment postcard
- _____ 17. A check in the amount of \$_____ to cover the TOTAL FEE is attached. Please charge any deficiency or credit any overpayment to Deposit Account No. _____.
- X 18. Please charge Deposit Account No. 20-0668 in the amount of \$872.00 to cover the TOTAL FEE. This sheet is attached in duplicate.

CHARGE STATEMENT: The Commissioner is hereby authorized to charge any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith, OR credit any overpayment to Deposit Account No. 20-0668, for which purpose a duplicate copy of this sheet is attached.

19. Any inquiries regarding this communication may be directed to the undersigned attorney at the telephone number shown below.

Respectfully submitted,

By:



Scott B. Stahl
Registration No. 33,795

JACKSON WALKER L.L.P.
2435 N. Central Expressway, Suite 600
Dallas, Texas 75080
(972) 744-2933
(972) 744-2909 (Fax)